

Idaho Department of Parks and Recreation  
**Request for Reimbursement/Close-out Report**



1. Request # \_\_\_\_\_ 2. Project Name \_\_\_\_\_ 3-a. Grant # \_\_\_\_\_  
*CFDA #'s are for Federally funded grants* 3-b. CFDA# \_\_\_\_\_  
4. Project Period \_\_\_\_\_ 5. Partial Payment ☐ Closeout ☐  
6. Project Applicant (Payee) \_\_\_\_\_  
7. Grant Manager \_\_\_\_\_  
8. Address \_\_\_\_\_  
9. Phone \_\_\_\_\_ 10. Fax \_\_\_\_\_ 11. Email \_\_\_\_\_

**Grant Funds (IDPR)**

Original Grant Amount..... \_\_\_\_\_  
Amount Requested This Form..... \_\_\_\_\_  
Amount Previously Expended..... \_\_\_\_\_  
Balance ..... \_\_\_\_\_

**Match Funds (Applicant)**

Match Committed..... \_\_\_\_\_  
Match Reported This Form..... \_\_\_\_\_  
Match Previously Reported..... \_\_\_\_\_  
Balance ..... \_\_\_\_\_

Program rules require that signs be posted acknowledging funding assistance by IDPR grant funds.

☐ Please check this box if a grant program sign or sticker needs to be sent to you.

**Note:** Furnishing false information may constitute a violation of applicable state and federal laws. I certify that the above data is correct based on the contractor's official accounting system and records, consistently applied and maintained, and that the costs shown have been made for the purpose of, and in accordance with, the terms of the grant contract. The funds requested are for reimbursement of actual costs made during this time period, and I certify that documentation of costs requested are retained in our files for future audits.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

*Reimbursement/Close-out cannot be processed without an authorized signature from the applicant.*

Submit to: Idaho Department of Parks and Recreation  
**Attn: State & Federal Aid Program**  
P.O. Box 83720  
Boise, ID 83720-0065